



FRANKLIN COUNTY VETERANS SERVICE COMMISSION



EMPLOYMENT APPLICATION

(PLEASE TYPE OR PRINT LEGIBLY)

SOCIAL SECURITY NO. _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: AREA CODE _____ HOME NUMBER _____

(OPTIONAL) WORK NUMBER _____

ARE YOU INTERESTED IN:

YES NO

YES NO

FULL-TIME PERMANENT WORK? ☐ YES ☐ NO

TEMPORARY WORK? ☐ YES ☐ NO

PART-TIME PERMANENT WORK? ☐ YES ☐ NO

SUMMER WORK? ☐ YES ☐ NO

POSITION FOR WHICH YOU ARE APPLYING: _____

(YOU MUST SPECIFY A POSITION)

HAVE YOU EVER BEEN EMPLOYED BY FRANKLIN COUNTY? YES ____ NO ____ IF YES, PLEASE GIVE DATES OF EMPLOYMENT, POSITION(S) HELD, AND STATE YOUR NAME WHILE EMPLOYED IF DIFFERENT FROM ABOVE: _____

EDUCATION

NAME AND ADDRESS
OF SCHOOL

COURSE WORK

DEGREE

HIGH SCHOOL			
COLLEGE (UNDERGRADUATE)			
COLLEGE (GRADUATE)			
OTHER			

TRAINING AND OTHER QUALIFICATIONS

If applying for a clerical position: TYPING SPEED: _____ SHORTHAND SPEED: _____

If you have received TRAINING in an area which you feel is relevant to the position(s) for which you are applying, please submit the following information (do not include training gained as a part of your education as previously described).

Type of Training	Organization	Length of Training	Subject(s) Covered

In the area below, please describe briefly any additional information or special qualifications you have for the position(s) requested. Include special machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

EXPERIENCE

In the areas below, please list past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Volunteer work may also be included as employment.

Employer's name and address _____

Length of employment _____ FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving _____

Position (job title and classification) _____ Salary: beginning _____ ending _____

Duties performed _____

Employer's name and address _____

Length of employment _____ FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving _____

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Duties performed _____

Employer's name and address _____

Length of employment _____ FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

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Position (job title and classification) _____ Salary: beginning _____ ending _____

Duties performed _____

Employer's name and address _____

Length of employment _____ FROM: mo. _____ yr. _____ TO: mo. _____ yr. _____

Reason for leaving _____

Position (job title and classification) _____ Salary: beginning _____ ending _____

Duties performed _____

MISCELLANEOUS

IF HIRED, WILL YOU BE ABLE TO WORK DURING THE NORMAL DAYS AND HOURS REQUIRED FOR THE POSITION(S) FOR WHICH YOU ARE APPLYING? YES___ NO___ IF NO, EXPLAIN: _____

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH THE COUNTY? YES___ NO___ IF YES, PLEASE EXPLAIN: _____

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES?
YES___ NO___

DO YOU UNDERSTAND THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING? YES___ NO___

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? YES___ NO___
IF NO, PLEASE EXPLAIN: _____

HAVE YOU BEEN CONVICTED OF A FELONY? YES___ NO___ **NOTE:** A YES ANSWER DOES NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT SINCE THE NATURE OF THE OFFENSE, DATE AND TYPE OF JOB FOR WHICH YOU ARE APPLYING WILL BE CONSIDERED. IF YES, PLEASE EXPLAIN FULLY:

REFERENCES

PLEASE LIST THE NAMES AND ADDRESSES OF THREE INDIVIDUALS, OTHER THAN RELATIVES, WHOM WE MAY CONTACT FOR A **PROFESSIONAL RECOMMENDATION. (E.G., PAST OR PRESENT EMPLOYERS, SUPERVISORS, etc.)**

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE

EMERGENCY INFORMATION

PERSON(S) TO NOTIFY IN AN EMERGENCY:

NAME	ADDRESS	CITY	STATE	ZIP	PHONE

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete. If I have provided false or inaccurate information, I acknowledge that I will be subject to discharge.

I consent to a release of information by present or former employers, schools, law enforcement agencies, and other individuals and organizations, as needed by the Commissioners to lawfully assess my ability to perform the job for which I am applying.

SIGNATURE OF APPLICANT

DATE

Hiring decisions and all employment decisions are made without regard to race, color, religion, sex, national origin, handicap, disability, age, or ancestry.

AN EQUAL OPPORTUNITY EMPLOYER

